

# Pediatric Respiratory Emergencies: Asthma

#### I. All Provider Levels

- 1. Follow General Patient Care guidelines in section A1.
- 2. If no breathing is present, then position the airway and start bag valve ventilations using 100% oxygen.
  - A. Refer to the vital signs chart for appropriate rates.
- 3. If the airway cannot be maintained, initiate advanced airway management using a combi-tube.



Note Well: Do not use a combi-tube on a patient younger

than 16 years of age or less than 5-feet tall.



**Note Well:** The EMT-I and EMT-P should use ET intubation.

- If the patient shows signs of respiratory distress or respiratory failure together with clinical evidence of bronchospasm or a history of asthma
  - A. Administer 2.5 mg albuterol in 3 cc of saline via nebulizer over a 10-15 minute period.
  - B. If these respiratory findings persist, repeat 2.5 mg of albuterol via nebulizer once for a total of two nebulizer treatments.



**Note Well:** Do not delay transport to administer

medications.



Note Well: ALS Providers may administer an additional 2.5 mg

albuterol (for a total of 3) if patient continues to exhibit significant respiratory distress and shows no improvement from initial nebulizer treatment.

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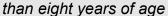
## Pediatric Respiratory Emergencies: Asthma

#### I. All Provider Levels (continued)

- 5. If breathing is adequate, place the child in a position of comfort and administer high flow, 100% oxygen.
  - A. Use a non-rebreather mask or blow by as tolerated.
- 6. Consider initiating IV access of normal saline at a KVO rate.



Note Well: BLS Providers cannot start an IV on a patient less





Note Well: An ALS unit must be en route or on scene.



Note Well: If IV access cannot be obtained, ALS Providers

may contact Medical Control to establish IO access. **Do Not Delay Transport.** 



- 7. Call for ALS support if not en route or on scene.
  - A. Initiate care and do not delay transport waiting for an ALS unit.
- 8. Assess vital signs.

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#### II. Advanced Life Support Providers

- 1. If the patient shows signs of severe respiratory distress or respiratory failure together with clinical evidence of bronchospasm or a history of asthma and inadequate ventilation;
  - A. Administer 0.01 mg/kg (maximum single dose of 0.3 mg) epinephrine 1:1000 SQ.
- 2. If the patient continues to show signs of respiratory distress or respiratory failure together with clinical evidence of bronchospasm or a history of asthma and inadequate ventilation;



- A. Administer 2.0 mg/kg methylprednisolone IV or IM (*Med Control Option Only*)
- Initiate cardiac monitoring.

#### Transport Decision

- Contact Medical Control for additional instructions.
- 2. Initiate transport to the nearest appropriate facility as soon as possible.
- 3. Perform focused history and detailed physical exam en route to the hospital.
- 4. Reassess at least every 3-5 minutes, more frequently as necessary and possible.

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### IV. The Following Options are Available by Medical Control Only

- 1. Methylprednisolone, 2.0 mg/kg, IV or IM.
- 2. Additional treatments of Albuterol, 2.5 mg in 3 cc of saline via nebulizer.
- 3. IO access for patients greater than 6 years of age.



This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.

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